

CLAIMS ONLY

Application Number

" Filling Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 5/16/9		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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49						
50						
Total						
Indep	2					
Total						
Depend	21					
Total						
Claims	23					